

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 807
Registered No. 295

1. PLACE OF BIRTH

County Cocconino State Arizona
Township _____ or Village Grand Canyon
City _____ No. Grand Canyon Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sherma Elizabeth Moore

If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term? _____ 7. Legitimate? _____ 8. Date of birth Aug 7, 1935 (Month, day, year)

9. Full name Sherman B. Moore FATHER

18. Full maiden name Grace Agnes Lockridge MOTHER

10. Residence (usual place of abode) Grand Canyon (If nonresident, give place and State)

19. Residence (usual place of abode) Grand Canyon (If nonresident, give place and State)

11. Color or race White 12. Age at last birthday 37 (Years)

20. Color or race White 21. Age at last birthday 33 (Years)

13. Birthplace (city or place) Grand Junction (State or country) Colorado

22. Birthplace (city or place) Williams, Ariz (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Clerk

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U. S. Gov't.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Aug, 1935

25. Date (month and year) last engaged in this work Aug, 1935

17. Total time (years) spent in this work 7

26. Total time (years) spent in this work 14

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation 0 months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 130 P. on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) B. G. Carson, M. D.

Given name added from supplemental report 245-807-735 (Date of)

or _____ Midwife

Address Grand Canyon, Ariz.

Filed 8-10-35 Registrar Sherma Moore